

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Facility Information

Facility Name: COUNTY LINE HOME (0010876)

Address: 9589 N 67TH ST, BROWN DEER, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 06/01/2006

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0097091 **End Date:** 05/10/2006 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011864 Served 06/06/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(l)	CLOTHING AND POSSESSIONS		
83.21(4)(w)	SAFE ENVIRONMENT		
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
83.32(2)(d)	REVIEW OF PROGRESS		

Survey ID: 0096663 **End Date:** 03/13/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Survey ID: 0095935 End Date: 11/09/2005 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008864 Served 11/23/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.05(2)(a)	CLASS A AMBULATORY (AA)	04/19/2006	Yes
83.19(1)(b)	TRANSFER OR DISCHARGE	04/19/2006	Yes
83.21(4)(o)	MEDICATIONS	04/19/2006	Yes
83.21(4)(r)	TREATMENT CHOICE	04/19/2006	Yes
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	04/19/2006	Yes
83.41(10)(d)	FURNITURE IN GOOD REPAIR	04/19/2006	Yes

Survey ID: 0094926 End Date: 05/23/2005 Type: STANDARD Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 11/22/2005 **SOD #**10008864 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.05(2)(a)
FORFEITURE---83.21(4)(o)
FORFEITURE---83.21(4)(r)

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Complaint History

Date Complaint Received: 02/28/2006

Date Investigation Completed: 05/10/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	10011864
ADMISSION, TRANSFER & DISCHARGE	SUBSTANTIATED	10011864
ADMINISTRATION	SUBSTANTIATED	10011864

Date Complaint Received: 10/25/2005

Date Investigation Completed: 03/31/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	

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